

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021125

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

5101

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. LouisLength of stay in 1b
3 daysc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Faith HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY

St. Louis

c. CITY
OR
TOWN Bellefontaine Neighbors

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
1034 St Cyr Road

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

LeRoy

A

Waring

4. DATE
OF
DEATH

Month

Day

Year

May 19 1962

5. SEX
male6. COLOR OR RACE
white7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
1-19-19109. AGE (last birthday)
52IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Executive

10b. KIND OF BUSINESS OR INDUSTRY
Suburban
Enterprises, Inc11. BIRTHPLACE (City and state or country)
St. Louis, Missouri12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

George Waring

13b. MOTHER'S MAIDEN NAME

Nellie Crane

14. NAME OF HUSBAND OR WIFE

Vera Waring

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Vera Waring, 1034 St.Cyr Road

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Dissecting Aneurysm of the Aorta

INTERVAL BETWEEN
ONSET AND DEATH

3 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Atherosclerotic Heart Disease

1 yr.

DUE TO (c)

420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1935

to 5/19/62

and last saw her alive on 5/19/62

Death occurred at 9 AM

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. H. Stein M.D.

22b. ADDRESS

6917 W. Florissant Ave

22c. DATE SIGNED

5/19/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

May 22, 1962

23c. NAME OF CEMETERY OR CREMATORY

Friedens Cemetery

23d. LOCATION (City, town, or county)

St. Louis

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Math Hermann & Son, Inc., 2161 E. Fair Av
St. Louis, 7, Missouri

25. DATE RECD. BY LOCAL REG.

MAY 21 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius R. Brown

Licensed Embalmer No.

5146

P. O. Address

Stroud Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.